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THE
HEALTH
OF
ROYSTON

1966

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ROYSTON URBAN DISTRICT COUNCIL

Members as at 31st December, 1966

Chairman of the Council:

G.W. Stevens, J.P.

Vice-Chairman of the Council:

F.J. Smith

Chairman of the Public Health Committee:

Mrs. M.E. Campbell-Ferguson

Councillors:

F.N. Clarke, J.P.

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P.L. Jacklin

D.S. Ferguson

Mrs. E.A. King, J.P

R.J. Gavin

Mrs. P.A. Rule

P.L. Gray

Medical Officer of Health:

J.D. Hall, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

Chief Public Health Inspector:

D.G. Lord, M.A.P.H.I., M.R.S.H.

Printed and Published by the Clerk's Department,
Royston Urban District Council

P R E F A C E

Public Health Department,
Town Hall,
Royston, Herts.

To the Chairman and Members of the
Royston Urban District Council.

Mr. Chairman, Ladies and Gentlemen:

I include in this Annual Report of the health of your district, details of the County Council health and school health services.

I would acknowledge in this preface my debt to Dr. Walker who retired in May 1966. Some of the work, therefore, in this report was carried out under his direction.

The population showed a natural increase of forty three and an overall increase of ninety according to the Registrar General's estimate of the resident population for mid-1966.

There were no maternal deaths in the district.

Two deaths were recorded in children under one year of age from a total of 132 live births, eleven of which were premature. One infant died from congenital heart disease at the age of one month, and one - a premature birth - died from gross achondroplasia within half an hour. Both infants were born in hospital and both infants died in hospital. Both deaths were unavoidable. The infant mortality rate (deaths under one year of age per thousand live births) was 15.1, slightly more than that for the remainder of Hertfordshire (13.9) and the remainder of the North Hertfordshire division (11.6), but less than that for England and Wales (19.0). This rate may be considered satisfactory.

The perinatal mortality rate (stillbirths and deaths under one week per thousand live and stillbirths) was 15.0, considerably less than that for England and Wales (26.3), the remainder of Hertfordshire (19.5) and the mean of the North Hertfordshire division (16.0).

The stillbirth rate (births at or over twenty eight weeks not live-born per thousand live and stillbirths) was 7.5, half that for England and Wales (15.4) and much less than that for the remainder of Hertfordshire (11.7) and the North Hertfordshire division (11.6). Both the perinatal mortality rate and the stillbirth rate can be considered to be highly satisfactory, but it must be stressed that rates calculated on such relatively small numbers of births are not necessarily a valid indication of the adequacy of the maternal and child welfare services.

The corrected birth rate was 18.1, higher than that for the remainder of Hertfordshire (16.3).

The corrected death rate was 11.2, higher than that for the remainder of Hertfordshire (10.1). The difference however, was not statistically significant.

The total deaths were eighty nine, thirty five of which were due to diseases of the heart and blood vessels, sixteen to cancer of varying sites, sixteen to vascular lesions of the nervous system, and three to respiratory diseases. These corresponded to rates of 5.0, (Hertfordshire 3.1, mean of North Hertfordshire division 2.9), 2.3 (Hertfordshire 1.3, mean of the North Hertfordshire division 1.2), 0.43, (Hertfordshire 1.2, mean of the North Hertfordshire division 0.7). These rates for the most part are higher than the remainder of the County but in no way present significant differences. No deductions can be made from rates based on such a small number of deaths; although there is some slight indication that the population of Royston does not reveal the preponderance of young people as in some other parts of North Hertfordshire.

No deaths occurred from tuberculosis or other infective or parasitic diseases.

No deaths were recorded from car accidents. There were three deaths from other accidents and four deaths from suicide. The latter would appear to be in an unduly high proportion.

There were twelve illegitimate births with one death. This represented 9% of the total births, a higher percentage than would be expected.

The number of improvement grants showed an increase over previous years. A large number of properties, however, both tenanted and owner-occupied remain without standard amenities and further improvements must be gained in the coming year.

Four food complaints were received during the year, and in one case concerning the sale of two mouldy pork pies, proceedings were taken against the manufacturers with a resulting conviction.

In the period September to December 1966, two deaths from Leptospirosis (Weil's Syndrome) occurred in a one mile area of North West Hertfordshire. Both were in men of late middle age, and both were farm labourers. Their deaths were due to infection by a bacterium *Leptospira*, a genus of the Order Spirochaetales.

In January 1967, two further suspected cases were reported, one in the same area as the two deaths and one three miles to the North. These cases recovered and blood tests showed no conclusive evidence of active infection.

Leptospirosis is one of the zoonoses, a group of diseases naturally transmitted between vertebrate animals, into which animal cycle man intrudes incidentally. The death rate in man from this disease varies between 10-30%, a rate greatly higher than, for example, typhoid fever and equal to that of smallpox, and is dependent on such factors as the dose of infection, the virulence of the particular strain of infecting leptospira, the resistance and immunity of the infectee, and the latter's age and general state of health.

Although many difference animals are hosts (vectors) of leptospira, outbreaks of Weil's Syndrome in man are almost invariably associated with the common brown rat (*rattus norvegicus*), infection being transmitted by rats' urine to food, soil water and then to man.

An abnormally high infestation of rats in every district of North Hertfordshire was known since the first death, and the second death occurred in spite of the concentration of all resources upon rat destruction. Higher infestations elsewhere in England have been reported to me by the Ministry of Agriculture, but this area was unique in its two deaths within a confined area.

It remained, therefore, to confirm the hypothesis that within a circumscribed area an epidemic of Leptospirosis was present in the rats themselves and that elsewhere in the County the condition was a quiescent or endemic one in those animals. It remained also to discover whether, in fact, undiagnosed cases had occurred elsewhere.

To test this possibility live rats were trapped in random areas of Baldock, Letchworth, Royston, Stevenage, and the areas of Hitchin Rural District surrounding those towns and examined for the presence of live leptospira. The tested rats were positive and were heavy excretors of leptospira. Enquiries were made throughout North Hertfordshire to discover missed cases of leptospirosis; none were found.

It is not possible therefore to explain the misfortune of the two isolated deaths. It may be presumed however, that both received a particularly heavy dose of infection with a virulent strain of leptospira.

The public were asked in a special press release to take the following precautions:

1. House surrounds, gardens and out-buildings to be kept tidy, clean and swept. All accumulations of rubbish likely to harbour rats to be destroyed.
2. No food remnants to be placed in open dustbins and no food to be thrown on the ground for birds or pets.
3. Agricultural workers and gardeners to take special care not to eat any food after work without washing and

/scrubbing

scrubbing the hands. Water from ponds, ditches, surface springs, etc., not to be drunk or allowed to come into contact with a wound, and all cuts, etc. to be covered. The washing of gumboots, etc. to be performed with main's supply water only.

4. The hands to be thoroughly washed after contact with any animal; dead rats not to be picked up with ungloved hands and the presence of rats to be reported to the public health department.

A tribute must be paid to the Editors of the Local newspapers for the most valuable co-operation I was given at this time.

There is no doubt that rat infestation throughout England is now a bigger problem than ever before. Numbers of rats in 1966 were known by the Ministry of Agriculture to have reached alarming proportions. Significant factors are diminishing numbers of rat predators for example hawks, falcons, pole cats, stoats and weasels; ample food supplies in the fields due to combine harvesting methods, and regrettably in certain areas a lack of attention paid by farmers to rat eradication. In this area, for example, infestation of a stretch of the Great North Road, which must have been apparent to road workers and farmers, was not reported to any public health authority, and was revealed only by a personal visit by a chief public health inspector.

It is quite impossible for any medical officer of health or public health inspector to control rats without the co-operation of such members of the public as farmers. I am, however, grateful for the large number of cases of rats reported to me by ordinary inhabitants of the area and this help was of fundamental importance.

A case of paralytic poliomyelitis occurred at the end of July in the divisional area. Forty-six contacts were traced and all were given oral vaccine and kept under surveillance by the health visitors. Several of the contacts were resident in London and other areas outside the County, and their medical officers of health were informed. No further cases have occurred.

During this outbreak certain members of the public became unduly alarmed, and use of the swimming baths was questioned: such recreation is not contra-indicated in the minor epidemics of poliomyelitis.

Clinical surveillance of poliomyelitis contacts is the most important single measure in controlling an outbreak; the giving of oral vaccine is unlikely to affect the course of an epidemic of a disease in which the incubation period is variable and may be extremely short. The closure of swimming baths, cinemas, schools, etc. in general serves no purpose.

The Health Visitors, District Nurses, and Midwives are now attached to family doctors. It is hoped that this attachment will be to the benefit of the community in creating a better understanding of the latter's needs. The closer association of both hospital and general practitioner services with the local authorities, has been a welcome development over the past few years. The suspicion with which many family doctors in the past regarded the establishment of Health Centres would appear to be disappearing, and during the year plans were formulated to establish a group of general practitioners in a new clinic to be built in the area. There is no doubt that the trend in the health services as a whole is to the ever closer co-operation between its three main branches.

During 1966 cervical cytology clinics were established in the division. The public responded to such an extent that in certain areas waiting lists for appointments were as long as four months. The number of clinics that can be established for this purpose are limited by the availability of medical staffs and by the number of smears that the hospital can examine. Medical recruitment to the Public Health Service has for some time presented a problem which is not easing. It should be remembered also that the medical officers carrying out this work require special training.

Measles is now the commonest infectious disease of childhood. Although it only rarely produces deaths it is responsible for much school absence and in certain cases is followed by complications which may be long lasting. Vaccination against measles became possible following the isolation of the measles virus and the development of an attenuated strain. The early vaccine made from this strain was accompanied by rashes and a rise of temperature in many cases. Further vaccines have been produced which would appear not to have these side effects and the possibility of measles vaccination on a wide scale now exists. Discussions as to its use are still taking place but it would appear that after further trials, measles vaccination may become a routine part of the childhood immunisation and vaccination programme.

I wish to record my thanks to Mr. Lord, Chief Public Health Inspector, for his work and co-operation during the year. I am most grateful for the help I received on my arrival to take up my appointment. In this short preface it is not possible to mention all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have so greatly appreciated. My thanks are particularly due to the staff of the Divisional Health Office who have made the preparation of this report possible.

I remain,
Your obedient servant,

J.D. HALL

Medical Officer of Health.

Divisional Health Office,
Bedford Road,
Hitchin, Hertfordshire.

(Tel.No.: Hitchin 50411).

S E C T I O N "A"

NATURAL AND SOCIAL CONDITIONS OF THE AREA

(a) General Statistics

Area (in acres)	.....	.....	.....	1,637
Registrar-General's estimate of Resident Population Mid-1966	.....	.....	.....	6,920
Number of inhabited houses at 31st December, 1966	.....	.....	.....	2,149
Rateable value	.....	.....	.....	£385,250
Net product of ld. rate	.....	.....	.....	£1,590

(b) Physical and Social Conditions

The Registrar General's estimate of resident population for mid-1966 revealed an overall increase of ninety. The natural increase of population, i.e. the excess of births over deaths was forty three. The number of dwelling houses increased by fifty four, all by private enterprise.

Royston is a busy market town with some industry. This includes gold and platinum refining, radio research, and - perhaps appropriately and sadly in the midst of this rich agricultural area - the manufacturing of artificial manure.

It is situated at the crossing of the Roman Ermine Street and the pre-Roman Icknield Way. A cave containing primitively carved reliefs of religious subjects and thought to be of pre-Christian origin, was discovered under Melbourn Street in 1742. There is no indication, however, of the formation of the town before the twelfth century when a priory of Augustinian or Black Canons was founded.

The Chester family were given the lands at the time of the suppression of the monasteries in the sixteenth century and they continued to be Lords of the Manor for more than two hundred years. The town proved a great attraction to James I when he visited it in 1603 and as a result of this he built a hunting lodge - known as the Palace - in Kneesworth Street. The surrounding Heath was used for hunting by James I and it is here also that the Royston or Hooded Crow (*Corvus cornix*) has its home. It is now notable for its fine golf course.

Before 1781 Royston was divided into seven parishes; and until 1897 it was situated half in Hertfordshire and half in Cambridgeshire. It is now located in the North East of Hertfordshire bordered by Cambridgeshire.

VITAL STATISTICS 1966

LIVE BIRTHS:-						Males	Females	TOTAL
Total	..	..	..	..	..	68	64	132
Legitimate	..	..	..	..	..	63	57	120
Illegitimate	..	..	..	..	..	5	7	12
Live Birth Rate (uncorrected) per								
1,000 population	..	..	..	..	..	-	-	19.1
Live Birth Rate (corrected) per								
1,000 population	..	..	..	..	..	-	-	18.1
Illegitimate live births percentage								
of total live births	..	..	..	..	..	-	-	9.1
STILL-BIRTHS:-								
Total	..	..	..	..	..	-	1	1
Rate per 1,000 live and still-births								
Total live and still-births	..	..	..	..	..	68	65	133
DEATHS OF INFANTS UNDER 1 YEAR OF AGE:-								
Total	..	..	..	..	..	1	1	2
Legitimate	..	..	..	..	..	-	1	1
Illegitimate	..	..	..	..	..	1	-	1
Infant Mortality Rate per 1,000								
live births	..	..	..	..	..	-	-	15.1
Legitimate Infants per 1,000								
legitimate live births	..	..	..	..	..	-	-	8.3
Illegitimate Infants per 1,000								
illegitimate live births	..	..	..	..	..	-	-	83.3
Neo-natal mortality rate (deaths								
under 4 weeks per 1,000 total	..	..	..	..	..	-	-	7.5
live births)	..	..	..	..	..	-	-	7.5
Early neo-natal mortality rate								
(deaths under 1 week per 1,000	..	..	..	..	..	-	-	7.5
total live births)	..	..	..	..	..	-	-	7.5
Perinatal mortality rate (still-								
births and deaths under 1 week	..	..	..	..	..	-	-	15.0
combined per 1,000 total live	..	..	..	..	..	-	-	15.0
and still-births)	..	..	..	..	..	-	-	15.0
MATERNAL MORTALITY, INCLUDING ABORTION:-								
Number of deaths								
Rate per 1,000 total live and	..	..	..	..	..	-	-	0.0
still-births	..	..	..	..	..	-	-	0.0
TOTAL DEATHS	..	..	..	..	..	37	52	89
Death Rate (uncorrected)								
Death Rate (corrected)	..	..	..	..	..	-	-	12.8
Natural increase of population	..	..	..	..	..	-	-	43

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE URBAN DISTRICT OF ROYSTON

General Register Office, Somerset House, Strand, London, W.C.2.

ICD No.	CAUSES OF DEATH	Sex	Total all Ages	Under 4 Weeks	4 Weeks and under 1 year	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 & over
151	10. Malignant Neoplasm, Stomach	M	1	-	-	-	-	-	-	-	-	1	-	-
162-163	11. Malignant Neoplasm, Lung, Bronchus	F	1	-	-	-	-	-	-	-	-	1	-	-
		M	3	-	-	-	1	-	-	-	-	2	-	-
170	12. Malignant Neoplasm, Breast	F	-	-	-	-	-	-	-	-	-	-	-	-
		M	2	-	-	-	-	-	-	-	-	-	-	2
171-174	13. Malignant Neoplasm, Uterus	F	1	-	-	-	-	-	-	-	-	1	-	-
Rem 140-205	14. Other Malignant & Lymphatic Neoplasms	M	4	-	-	-	-	-	-	-	2	1	-	1
		F	4	-	-	-	-	1	-	-	-	-	-	3
260	16. Diabetes	M	2	-	-	-	-	-	-	-	1	-	-	1
330-334	17. Vascular Lesions of Nervous System	F	1	-	-	-	-	-	-	-	-	-	-	1
		M	6	-	-	-	-	-	-	-	-	4	-	1
420	18. Coronary Disease, Angina	F	10	-	-	-	-	-	-	-	-	-	-	10
		M	7	-	-	-	-	1	-	-	-	2	-	2
422	19. Hypertension with Heart Disease	F	5	-	-	-	-	-	-	-	-	1	-	3
		M	1	-	-	-	-	-	-	-	-	-	-	-
430	20. Other Heart Disease	F	-	-	-	-	-	-	-	-	-	-	-	-
		M	5	-	-	-	-	-	1	-	-	-	1	2
467	21. Other Circulatory Disease	F	14	-	-	-	-	-	-	-	-	-	-	12
		M	1	-	-	-	-	-	-	-	-	-	-	-
500-502	24. Bronchitis	F	2	-	-	-	-	-	-	-	-	-	-	1
		M	-	-	-	-	-	-	-	-	-	-	-	-

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE URBAN DISTRICT OF ROYSTON (Contd).

ICD No.	CAUSES OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							75 & over		
						1-	5-	15-	25-	35-	45-	55-		65-	
540-541	26. Ulcer of Stomach and Duodenum	M F	- 2	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	- -	- -	- 1
750-759	31. Congenital Malformations	M F	1 1	- 1	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Rem 001-795	32. Other Defined and Ill- Defined Diseases	M F	3 2	- -	- -	- -	- -	- -	- -	- -	- 1	- 1	1 1	2 -	- -
Rem E800- E899	34. All Other Accidents	M F	- 3	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 3
E970- E979	35. Suicide	M F	3 1	- -	- -	- -	- -	- -	- -	1 -	- 1	1 -	- -	- -	1 -
TOTAL ALL CAUSES:		M F	37 52	- 1	1 -	- -	- -	- -	- -	2 1	5 2	9 4	9 5	11 39	

INFANT DEATHS

ROYSTON

Place of Birth	Date of Death	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legit.	Illegit.
Maternity Hospital Cambridge	2.5.66	Congenital Heart Disease	4 Weeks	7lbs.5ozs.	-	Addenbrookes Hospital Cambridge	M	-	
Maternity Hospital Cambridge	24.2.66	Gross Achondroplasia	31 mins.	5lbs.7ozs.	-	Maternity Hospital Cambridge	F	-	

ROYSTON

	District 1966	North Hertfordshire Division	Hertfordshire	England and Wales
Population	6,920	147,470	872,100	48,075,300
Live Births (Crude)	19.1	19.2	17.3	17.7
Live Births(Corrected)	18.1	*	16.3	*
Death Rate - All causes Crude	12.8	8.4	9.1	11.7
Death Rate - All causes Corrected	11.2	*	10.1	*
Infective & Parasitic Diseases - excluding Tuberculosis, but including Syphilis and other V.D.	0.00	0.06	0.03	*
Tuberculosis - Respiratory	0.00	0.04	0.03	0.04
Other Forms	0.00	0.01	0.01	0.01
All Forms	0.00	0.01	0.03	0.05
Cancer	2.3	1.8	1.9	2.2
Vascular lesions of the Nervous System	2.3	1.2	1.3	*
Heart and Circulatory Diseases	5.0	2.9	3.1	*
Respiratory Diseases	0.43	0.7	1.2	*
Maternal Mortality	0.00	0.00	0.3	0.3
Infantile Mortality	15.1	11.6	13.9	19.0
Neo Natal Mortality	7.5	6.3	9.3	12.9
Early Neo Natal Mortality	7.5	4.5	7.9	11.1
Perinatal Mortality	15.0	16.0	19.5	26.3
Still-births	7.5	11.6	11.7	15.4

* Not available.

DIVISIONAL VITAL STATISTICS 1966

						Males	Females	TOTAL
LIVE BIRTHS:-								
<u>Total</u>	..	..	..	..	..	1,448	1,385	2,833
Legitimate	..	..	..	..	..	1,362	1,294	2,656
Illegitimate	..	..	..	..	..	86	91	177
Live Birth Rate (uncorrected) per 1,000								
population	..	..	..	..	..	-	-	19.2
Live Birth Rate (corrected) per 1,000								
population	..	..	..	..	..	-	-	*
Illegitimate live births percentage of								
total live births	..	..	..	..	..	-	-	6.2

STILL-BIRTHS:-

<u>Total</u>	..	..	..	..	..	14	19	33
Rate per 1,000 live and still-births	..	..	..	..	..	-	-	11.6
<u>Total live and still-births</u>	..	..	..	..	..	1,462	1,404	2,866

DEATHS OF INFANTS UNDER 1 YEAR OF AGE:-

<u>Total</u>	..	..	..	..	..	18	15	33
Legitimate	..	..	..	..	..	16	14	30
Illegitimate	..	..	..	..	..	2	1	3
Infant Mortality Rate per 1,000 live								
births	..	..	..	..	..	-	-	11.6
Legitimate Infants per 1,000 legitimate								
live births	..	..	..	..	..	-	-	11.3
Illegitimate Infants per 1,000 illegitimate								
live births	..	..	..	..	..	-	-	16.9
Neo-natal mortality rate (deaths under 4								
weeks per 1,000 total live births)	..	..	..	..	..	-	-	6.3
Early neo-natal mortality rate (deaths								
under 1 week per 1,000 total live	..	..	..	..	..	-	-	4.5
births)	..	..	..	..	..	-	-	4.5
Perinatal mortality rate (still-births								
and deaths under 1 week combined per	..	..	..	..	..	-	-	16.0
1,000 total live and still births)	..	..	..	..	..	-	-	16.0

MATERNAL MORTALITY, INCLUDING ABORTION:-

Number of deaths	..	..	..	..	..	-	-	NIL
Rate per 1,000 total live and	..	..	..	..	..	-	-	0.0
still-births	..	..	..	..	..	-	-	0.0

TOTAL DEATHS:	..	..	..	..	..	631	617	1,248
Death Rate (uncorrected)	..	..	..	..	..	-	-	8.4
Death Rate (corrected)	..	..	..	..	..	-	-	*
Natural increase of population	..	..	..	..	..	-	-	1,585
Overall increase of population	..	..	..	..	..	-	-	3,550

* Not available

DIVISIONAL VITAL STATISTICS

In any discussion on vital statistics it must always be remembered that relatively small populations do not always provide the soundest basis for comparative purposes. It may, therefore, be of more value to consider the rates for the North Hertfordshire division as a whole, consisting as it does of a population of almost 150,000. Deductions based on such numbers may be considered to be reasonably valid. Minor fluctuations in rates, however, from year to year should not be considered too seriously but observation of the overall trend over a period of years is of value. Crude rates, such as a crude death rate are relatively invalid for comparative purposes, since they are affected by population structure as to age and sex: ageing populations for example living in the most healthy surroundings would exhibit a higher crude death rate than a young population living in an industrial area.

LIVE BIRTHS:

A total of 2,833 live births occurred in 1966, 177 of which were illegitimate. 6.2% of live births were, therefore, born to unmarried mothers. For some years the number of live births has progressively increased over the country as a whole with minor fluctuations. Births in social classes I, II, III (Registrar General's Classification) are now becoming more numerous with a tendency for births in the classes IV and V to decrease. This is an interesting trend. The age at marriage continues to decrease without a corresponding increase in births. The birth rate for the division was 19.2, in excess of that for the remainder of Hertfordshire (17.3) and for England and Wales (17.7).

The birth rate corresponded to an overall increase in population based on the Registrar General's estimate of population for mid-1966 of 2,550 the natural increase, i.e. excess of births over deaths being 1,585. The birth rate is expressed as the number of live births per thousand of the mid-year population both male and female and is proportionate to the number of women of child-bearing age; to overcome this difficulty, an area comparability factor is applied to crude rates. The birth rate is not, however, an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

DEATHS:

The death rate for the division from all causes was 8.4, Hertfordshire 9.1, England and Wales 11.7. The rate in North Hertfordshire, therefore, is less than that for the remainder of the County and markedly less than the country as a whole. The commonest causes of death for England and Wales in descending order are as follows: Heart and Circulatory Diseases, Cancer, Vascular Lesions of the Nervous System and Respiratory Diseases, and the deaths in this division followed this ranking. The very low death rate from respiratory diseases (0.7/1000), (Hertfordshire 1.2) is of

/interest

Deaths (Continued):

interest. This rate includes bronchitis and pneumonia, but excludes cancer of the lung. This rate may be a reflection of the superiority of the environment compared with the industrial areas of the North, where respiratory diseases are often the second commonest causes of death. It should be emphasised also that the death rate from respiratory diseases is half that for the rest of Hertfordshire.

INFANT MORTALITY:

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 11.6, Hertfordshire 13.9, England and Wales 19.0, was most satisfactory. The infant mortality rate has proved a most useful measure of the risks during infancy in the past. It has provided an index of the relative well being of communities. The reduction in such rates from 150 per 1,000 in England and Wales in the early years of this century to the present rate of 11.7 reflects the great improvement in environment, and health service provisions that have occurred. This rate, however, is perhaps most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

After the first month of life accidental mechanical suffocation, bronchitis and pneumonia are the most important conditions contributing to post neonatal death rates and sudden death is a particular hazard of the post neonatal period. Banks, (1958) found that such deaths represented 20% of all infant deaths. The report of Enquiry into Sudden Death in Infancy (1965) was concerned with a study of over 200 sudden deaths in infants aged between two weeks and two years. The enquiry revealed that the peak incidence of cases of sudden unexplained deaths in infancy was in the two to three months age group; 60% of cases were found by the parents in the morning; 38% of 102 cases were found with mouth and nose completely or partially covered by bedding; there was a greater prevalence during Winter; a history of preceeding respiratory infection was frequently given; pillows and mattresses in fatal cases were usually soft. Certain social factors were discovered, a higher percentage of illegitimate births, poorer types of home, younger mothers, tendency to overcrowding. Cows milk proteins were demonstrated in the lungs of 42% of 60 unexplained cases of sudden death. No firm conclusions were drawn in the report. The findings suggest the following as factors in causation, early bottle feeding hypersensitivity to cows milk, soft pillows and recent infection.

The risk of unexplained sudden death before the age of two years may be compared with the risk to a child under five dying in a road accident.

The former risk is twice that of the latter. Such measures as the avoidance of pillows for young infants and early breast feeding together with the realisation of the risks of respiratory infections to young children might do much to lessen the incidence of this condition.

PERINATAL MORTALITY:

Infant mortality rates are now over-weighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency as the neonatal rate increases for the stillbirth rate to diminish and it may be a fair assumption that the borderline between stillbirth and survival for the first week or month of life is to some degree artificial.

The perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced to overcome the latter difficulty.

The greater number of perinatal deaths are due to prematurity; the problem, therefore, is rather one of the hazards of childbirth to the foetus than of any deficiencies in the community as a whole. The continuing low maternal mortality rates reveal that pregnancy is comparatively less dangerous for the mother. The National Birthday Trust Fund Report stressed the categories of high risk mothers, which included a previous history of abortions, premature births or stillbirths, past histories of toxæmia, ante-partum haemorrhage and caesarean section.

The report concluded that the perinatal mortality would be greatly reduced if the following standards were adopted:

- (a) Primigravidae and multiparae with a first stage of 24 hours or more and women with any abnormality including rhesus anti-bodies to be confined in hospital.
- (b) Immediate delivery to be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Hospital delivery for those women whose membranes had been ruptured for 24 hours.
- (d) Greater care of the infant during the inter-natal and immediate post-natal periods with early diagnosis of foetal distress and prompt resuscitative measures. It is of interest in this regard that post mortems carried out on 93% of perinatal deaths in March, 1958, showed that 30% were due to intra-partum anoxia.

The dominant factor in perinatal mortality is prematurity; although premature infants make up only 7% of all births, they provide over half the number of stillbirths and 60% of first week deaths each year. The definition of prematurity as a birth weight of $5\frac{1}{2}$ lb. or less does not distinguish between a small baby born at term and a true premature infant. It is perhaps preferable to employ the term "low birth weight". Those premature infants who survive tend to have a higher incidence of physical and intellectual handicaps.

Perinatal Mortality (Continued):

The Annual Report of the Chief Medical Officer of the Ministry of Health contains some interesting statistics on prematurity and refers to the great deal of attention paid to this problem in recent years. It stresses that not only should premature infants be kept alive but that the handicaps to which their birth exposes them should be diminished.

Full understanding of the causation of prematurity is still ill-understood. Obstetric factors such as preeclampsia and ante-partum haemorrhage are all associated with low birth weight. Such factors as smoking, working during pregnancy and previous unsuccessful conception have all been linked with prematurity.

High standards of ante-natal care are required to prevent the onset of premature labour, special baby care units should now be a part of all maternity units throughout the country. These units containing specialist paediatric and nursing teams provide the best chance that the premature infant has, both to survive and to develop normally.

A major cause of death in low-birth rate infants, for example, is the respiratory distress syndrome. Premature infants of all weights have a particularly high mortality within twenty-four hours of birth. The lower the birth weight of premature infants the greater the risk.

The perinatal mortality rate for the division was 16.0, Hertfordshire 19.5, England and Wales 26.3, and may be considered satisfactory. The stillbirth rate, i.e. births at or over 28 weeks, not live-born, per thousand births live and still was 11.6, Hertfordshire 11.7, England and Wales 15.4.

TUBERCULOSIS:

The death rate for tuberculosis was 0.03 (Hertfordshire 0.03, England and Wales 0.04). The rate remains at a satisfactorily low level with a total of 7 deaths. Continuance of such low rates must not, however be an encouragement to relax the efforts at eradication, particularly in view of the presence of increasing numbers susceptibles. Contact tracing, B.C.G. vaccination, the use of diagnostic radiology must continue.

INFECTIVE AND PARASITIC DISEASES:

The rate for these diseases including all infectious conditions but excluding tuberculosis and including venereal diseases was 0.06, (Hertfordshire 0.03) with a total of 9 deaths.

CANCER:

The death rate for cancer of all sites was 1.8, Hertfordshire 1.9, England and Wales 2.2, with a total for the division of 317 deaths, 25% of which were due to cancer of the lung with a total of 81 deaths,

Cancer (Continued):

66 in men and 15 in women; 8% to cancer of the stomach (26 deaths); 7% to cancer of the breast (21 deaths) and 3% to cancer of the uterus. There were 7 deaths from leukaemia. A general increase in the incidence of cancer has occurred in most European countries, with varying changes in types.

Intestinal cancer has decreased in both sexes. Cancer of the pancreas, ovary and fallopian tubes has increased. Cancer of the uterus has declined. Women with one or no children are more likely to suffer from cancer of the uterus than cancer of the cervix. One in twenty of all women may expect to contract cancer of the breast. It has been estimated that the bearing of two or three children reduces the likelihood of breast cancer developing after the age of 45 by one fifth and that four or more children reduce it by two fifths.

Deaths from lung cancer continue to increase each year. In 1965, 755 more deaths occurred in men in England and Wales than in 1964 and in females 272. It must be emphasised that the major factor in such deaths is cigarette smoking. It is difficult to accept the evidence that less people are smoking than before but there is no doubt that of those who do, many acknowledge and accept the risk. There is sound evidence that the risk of deaths from lung cancer falls substantially within the few years of ceasing to smoke and becomes progressively less as the years of non-smoking accumulate.

A number of surveys in England and Wales have shown that at the age of twelve, 10% of boys, at the age of thirteen 20% and at the age of fourteen 33% of boys smoke regularly. As many as 3% of seven year olds may smoke and 60% of school leavers. The incidence of smoking is higher in Secondary Modern than in Grammar Schools and is always higher in boys than in girls. The causation in children has been studied and it appears social pressures, imitation of elders and a wish for adult status play a role. There is a known positive association between parents' and children's smoking habits. It was as a result of such surveys that it was suggested that health education programmes in this direction should be centered on the primary schools. There is some evidence, however, recently, that less school children are smoking than these surveys would suggest.

It should be emphasised that cancer of the lung is now the most common type of malignant disease and represents a major health hazard. In the last thirty years deaths from this cause have increased eight-fold in men and three to four-fold in women. A general upward trend in deaths from cancer of the breast continues and now represents the third commonest type of cancer.

VASCULAR DISEASES OF THE NERVOUS SYSTEM:

The death rate from these causes was 1.2, (Hertfordshire 1.3) with a total of 190 deaths and represents the third commonest cause of death, both in the country as a whole and in this area. Variations from year

/to year

Vascular Diseases of the Nervous System (Continued):

to year are slight and no upward or downward trend is discernible. Such deaths include 'strokes' due to cerebral haemorrhage, thrombosis or embolism and mortality increases progressively with age.

HEART AND CIRCULATORY DISEASES:

The rate for this division was 2.9, slightly less than for the remainder of Hertfordshire (3.1) with a total of 433 deaths. This group of diseases represents the commonest cause of death in the country and includes coronary heart disease and angina. The mortality from these causes is appreciably higher between the ages of 45 to 54 years in men, the productive years.

DISEASES OF THE RESPIRATORY SYSTEM:

The death rate from respiratory disease in the division was 0.7, half that for Hertfordshire (1.2) with a total of 144 deaths. The lowness of this rate reflects the very satisfactory living conditions and the lack of atmospheric pollution in North Hertfordshire. It does not, however, indicate that the provision of smoke control areas is unnecessary.

MATERNAL MORTALITY:

There was no maternal deaths in the divisional area of North Hertfordshire in 1966, a most satisfactory state of affairs. The report on the Confidential Enquiries into Maternal Deaths in England and Wales for the years 1961 to 1963 was published in 1966. The report showed that deaths due to pregnancy or child-birth were most commonly due to abortion and that toxæmia and haemorrhage as causes of death were now less common. The deaths following abortion were due to haemorrhage, sepsis or embolism and the report suggested that some of these deaths might have been avoided by early treatment or by the use of "flying squads", although it also suggested that many represented a large and serious social problem. The report showed that nearly one third of maternal deaths occurred in the early part of pregnancy, before the child could be considered capable of life. It showed also that the risk of death during pregnancy or child-birth is greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child and women pregnant for the first time who were more than 30 years of age. The report also suggested that girls under the age of 16 were subjected to greater than average risks. The report also drew attention to the fact that in the two years, 1961 to 1963, 3,211 maternities occurred amongst girls of fifteen or less with four maternal deaths, indicating the risks to young mothers of pregnancy.

S E C T I O N "B"

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

DIVISIONAL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH:

Dr. J.D. Hall

ASSISTANT COUNTY MEDICAL OFFICERS:

Dr. S.J. Moynihan	Dr. P.T. Horder
Dr. D.M. Batty	Dr. A.T. Leaver

PART-TIME MEDICAL OFFICERS:

Dr. H.I.L. Hall	Dr. E.E. Walton
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DIVISIONAL WELFARE OFFICER:

Mr. H.T.W. Matthews

DIVISIONAL NURSING OFFICER:

Miss S.H. Kestin

DEPUTY DIVISIONAL NURSING OFFICER:

Miss V. Nichol

CHIEF CLERK:

Mrs. M.E. Scott

DEPUTY CHIEF CLERK:

Mrs. E. Trinder

SECRETARY TO DIVISIONAL MEDICAL OFFICER:

Mrs. S. Tytler

OPHTHALMOLOGIST:

Dr. S. Anandarjan

PSYCHIATRISTS:

Dr. R.M. Gabriel	Dr. O. Roper
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AUDIOLOGIST:

Dr. M.V. Bickerton

HOME HELP ORGANISER:

Mrs. O.M. Benton

HEALTH VISITORS AND NURSING STAFF:

Miss B. Armitage	Mrs. M.W. Kliener
Miss M.E. Aylett	Miss M.E. Lane
Mrs. I. Baggs	Mrs. M. Lanham
Miss W.M. Baldwin	Miss J. Lentieul
Mrs. P. Ball	Miss M. MacArthur
Mrs. S.O. Ball	Mrs. S.E. Massey
Mrs. K. Barratt	Miss E.M. McClay
Mrs. E. Bates	Mrs. A.E.M. McGraa
Miss A.E. Bemment	Mrs. L.M. McIntyre
Miss V.M. Bennett	Miss F.D. McNamara
Mrs. S. Bentley	Mrs. Z.E. Mills
Miss N. Bumfrey	Miss K. Muggeridge
Miss A.M. Bunton	Mrs. J.I. Nicholls
Mrs. D.M. Burgess	Mrs. J. Noakes
Miss J.M. Butler	Mrs. C. Nutt
Mrs. M. Carney	Mrs. J. Oyefeso
Miss E. Chaytor	Miss A.D. Phillipson
Mrs. A.K.M. Clowser	Miss A. Phipps
Miss J. Crew	Miss C.Y. Poon
Miss E. Collier	Miss E.L. Read
Mrs. D. Cooper	Miss F. Redknap
Miss E.M. Cooper	Mrs. D.M. Rendle
Miss G. Crisp	Mrs. H.J. Richards
Mrs. M.B.M. Crisp	Mrs. D. Robbins
Mrs. P.J. Crosskell	Mrs. E. Rogers
Mrs. E.G. Dickinson	Mrs. F.B. Russell
Mrs. J. Doyle	Mrs. M.P. Sayer
Miss W.P. Dudley	Miss N. Scrivens
Mrs. M. Edwards	Miss S. Seal
Mrs. V.M. Fraser	Mrs. S. Selves
Mrs. I.M. Futter	Miss M.E. Shells
Mrs. H. Gilchirst	Mrs. D.M. Sickler
Mrs. V.S. Gardner	Miss D.M. Sisman
Miss P. Ghadimi	Miss J.M. Steer
Mrs. H.B. Grant	Mrs. D.A. Stephens
Mrs. D. Grose	Miss E. Stoba
Miss E.R. Hague	Miss M. Tiley
Mrs. A.M. Hall	Miss D.M. Tolchard
Mrs. G.E. Harvey	Miss P.M. Tomkies
Mrs. C. Henderson	Miss D.B. Wagland
Miss M.L. Hibbert	Mrs. M.J. Wall
Mrs. H. Holding	Mrs. D. Warner
Mrs. J. Hook	Miss M. Wells
Miss R.P. Hulks	Miss E.F. Wilkinson
Mrs. N. Jarvis	Mrs. B.M. Wood
Mrs. C. Kay	Miss M. Wood
Mrs. M.C. Kemp	Mrs. V. Worrall
Mrs. G.W. Kirby	Mrs. A.V. Wright
Mrs. J. King	

ORTHOPTIST:

Mrs. D. Bottoms

SPEECH THERAPIST:

Mrs. M. Evesham

TRAINING CENTRE SUPERVISORS:

Mrs. A. Howie

Mr. J. Power

MENTAL WELFARE OFFICERS:

Mr. A.E. Nwosu

Miss M.Z. Walkey

Miss E.M. Morris

Mr. J.W. Crick

Mrs. J. Smith

Miss P.M. White

PART-TIME CHIROPODISTS:

Mr. W.D. Crawford

Mrs. M.W. Read

Mr. R.W. Hawkes

Mr. A. Shepherdson

Mr. R. Hulks

Mr. A.H. Steer

Mr. T.S. McConnell

Miss K.M. Tansley

Mr. A.E. Read

Mrs. S.A. Topham

SECTIONAL CLERK:

Miss F. E. Fossett

CLERKS:

Mrs. J. Clark

Mrs. J.R. Rendo

Miss S. Daniels

Miss C.M.J. Spencer

Mrs. J. Hessey

Mrs. P. Thirlwell

Miss C. Harvey

Miss A. Tuley

Miss J. Howell

Miss S.J. Warner

Mrs. B.E. Hughes

Mrs. E. Wigg

Mrs. D. Lewis

CHILD GUIDANCE SECRETARY:

Miss P. J. Waller

HOME HELPS:

54 Home Helps

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children - Section 22

ANTE-NATAL CLINICS:

I.W.C. Pinnocks Lane, Baldock	Monday 2.30 p.m. - 3.00 p.m.
G.P. Surgeries Hitchin	Friday afternoons 2.00 p.m. - 4.00 p.m. Tuesday afternoons 1.30 p.m. - 4.00 p.m.
G.P. Surgeries Letchworth	Thursday afternoons 2.00 p.m. - 4.00 p.m. Tuesday afternoons 2.15 p.m. - 3.15 p.m.
G.P. Surgeries Royston	By arrangement
G.P. Surgeries Stevenage	Mondays and Fridays 2.00 p.m. - 4.00 p.m.

ATTENDANCES:

Clinic	No. of patients who attended	No. of Attendances
Baldock	67	67
Hitchin	177	277
Letchworth	300	768
Royston	18	27
Stevenage	709	7,383
TOTAL	1,271	8,522

Ante-natal care is carried on by midwives and general practitioners.

There were 2,866 live and stillbirths in the divisional area in 1966.

ANTE-NATAL INSTRUCTION CLASSES

<u>Clinic</u>					<u>No. of attendances</u>
Baldock	..	..	..	..	102
Hitchin	..	..	..	..	333
Letchworth	..	..	..	..	277
Royston	..	..	..	..	389
Stevenage	..	..	..	..	<u>1,160</u>
Total					<u><u>2,261</u></u>

FAMILY PLANNING CLINICS

The Hitchin branch of the Family Planning Association have the use of the Hitchin clinic. Sessions are held on:-

Tuesdays : 1.30 p.m. - 3.00 p.m.
(except August and Christmas
and Easter week)

Wednesdays : 7.00 p.m. - 8.00 p.m.
(2nd and 4th in each month)
including August

Thursdays : 9.30 a.m. - 10.30 a.m.
by appointment only

The Association is shortly to commence a session each week at the Letchworth Clinic.

INFANT WELFARE CLINICS:

I.W.C. Pinnocks Lane, Baldock	Wednesday 2 - 4 p.m.	Dr.S.J.Moynihan
I.W.C. Bedford Road, Hitchin	Mondays and Fridays 2 - 4 p.m.	Dr. D.M. Batty
Community Centre, Woolgrove Road, Walsworth, Hitchin.	2nd and 4th Wednesdays 2 - 4 p.m.	Dr.H.I.L.Hall
Oakfield Estate, (Mobile) Hitchin.	2nd Thursday	Dr. D.M. Batty
I.W.C. Nevells Road, Letchworth	Mondays and Thursdays 2 - 4 p.m.	Dr.S.J.Moynihan
Community Centre, Middlefields, Letchworth.	2nd and 4th Mondays 2 - 4 p.m.	Dr.H.I.L.Hall
I.W.C. Lady Dacre Room, Market Hill, Royston.	1st Tuesday 2 - 4 p.m.	Dr. E.E. Walton
I.W.C. Southgate, Stevenage	Mondays and Thursdays 2 - 4 p.m.	Dr. P.T. Horder
I.W.C. 27 High Street, Stevenage	Tuesday 2 - 4 p.m.	Dr.H.I.L.Hall
Lodge Farm Health Annexe, off Mobbsbury Way, Stevenage.	Monday, Wednesday and Thursday 2 - 4 p.m.	Dr. P.T. Horder
Peartree Health Annexe, off Hydean Way, Stevenage	Tuesday and Wednesday 2 - 4 p.m.	Dr. A.T. Leaver
I.W.C. St. Peters, Broadwater, Stevenage	Friday 2 - 4 p.m.	Dr.H.I.L.Hall
I.W.C. Merchant Taylor, Further Education Centre, Ashwell	3rd Friday, 2 - 4 p.m.	Dr.S.J.Moynihan
I.W.C. Barkway (Mobile)	2nd Monday 10.00 a.m. to mid-day	Dr. D.M. Batty
I.W.C. Baptists' School Room, Breachwood Green	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty

Infant Welfare Clinics (Continued):

I.W.C. Cockenhoe (Mobile)	3rd Wednesday 10.00 a.m. to mid-day	Dr. D.M. Batty
I.W.C., W.I. Hut, High Street, Codicote	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Holwell (Mobile)	1st Monday 10.00 a.m. to mid-day	Dr. D.M. Batty
I.W.C. Memorial Hall, Hall Lane, Kimpton	4th Monday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Ickleford (Mobile)	3rd Wednesday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Village Hall, Great Offley	1st Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Sandon (Mobile)	1st Wednesday 10.00 a.m. to mid-day	Dr. D.M. Batty
I.W.C. Weston (Mobile)	1st Friday 10.00 a.m. to mid-day	Dr. S.J. Moynihan
I.W.C. Whitwell (Mobile)	4th Thursday 2 - 4 p.m.	Dr. D.M. Batty

Clinic	Children born in 1966	Children born in 1965	Children born in 1961 - 1964	No. of Attendances
Baldock	104	108	245	1,704
Hitchin	469	441	532	5,752
Letchworth	443	316	334	6,462
Royston	144	150	120	1,909
Stevenage	1,143	976	837	16,495
Hitchin Rural	269	281	333	3,518
TOTAL	2,572	2,272	2,401	35,840

Infant Welfare Clinics (Continued):

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for antenatal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackman's Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the grouping of all community health services.

PREMATURE INFANTS:

A premature infant is one which weighs $5\frac{1}{2}$ lb. or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 126 premature births in the division, seven were twins, 14 were stillborn. 15% were born at home and 85% in hospital. 9 premature babies died in the first four weeks of life, 8 in hospital.

PREMATURE INFANTS BORN IN 1966

District	Born Alive			Stillbirths			No. removed to hosp. after birth	Died under 28 days			No. who survived 28 days		
	At Home	In Hosp.	Total	At Home	In Hosp.	Total		At Home	In Hosp.	Total	Born at Home	Born in Hosp.	Total
Baldock	2	1	3	1	-	1	-	-	-	-	2	1	3
Hitchin	5	2 twins 19	26	1	2	3	-	-	2	2	5	19	24
Letchworth	5	16	21	-	3	3	1	1	-	1	4	16	20
Royston	-	3 twins 8	11	-	1	1	-	-	1	1	-	10	10
Stevenage	10	1 twin 44	55	-	6	6	2	-	4	4	10	41	51
Hitchin Rural	-	1 twin 18	19	-	-	-	-	-	1	1	-	18	18
TOTALS	22	113	135	2	12	14	3	1	8	9	21	105	126

CARE OF THE UNMARRIED MOTHER AND CHILD

AGE INCIDENCE:

(1)	Age 15 - 19	..	..	..	..	..	32
(2)	Age 20 - 24	..	..	..	..	..	17
(3)	Age 25 - 29	..	..	..	..	..	5
(4)	Age 30 - 39	..	..	..	..	..	5
(5)	Age 40 and over	..	..	..	..	..	2

A total of 177 illegitimate births were in fact notified by the Registrar General during 1966.

DAY NURSERIES

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admission of children to this single day nursery in the division have to be carefully regulated and certain categories for admission have been established, these categories are as follows:-

- children of widows or widowers
- children of unmarried mothers
- children of deserted wives or husbands
- children of parents in prison
- children of parents suffering from chronic illness or disablement
- temporary cases, for example, mother's illness or confinement
- children recommended by doctor or health visitor for temporary help
- children of parents coming within the "Essential Services" categories; for example, teachers and nurses, (Local Committee Members' approval required)
- children living in bad housing conditions
- children of families where there was a risk of break-up in family.

The Noel Day Nursery has places for forty children and the average daily attendance throughout the year was thirty-five.

MIDWIFERY - SECTION 23

Thirty-nine midwives, thirty-two part-time, were employed in the divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practising midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was thirty-one. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as "essential users".

Post graduate courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board, six midwives attended these courses.

All midwives are provided with Gas and Air apparatus, or Trilene if specially required. Gas and air is being gradually replaced by Entonex - gas and oxygen.

Of the 2,833 live and still births in the division during 1966, the district midwives delivered 1,113 babies. 44% of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours. 1,132 were discharged from hospital after this period. The proportion of early discharges was 21%. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9.8% mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Herts. Area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

DOMICILIARY MIDWIFERY

<u>ANTE-NATAL</u>	
Visit to Expectant Mothers	13,113
Home Condition Reports for Hospital	471
Ante-Natal Session - Local Authority	156
Ante-Natal Session - General Practitioner	821
Deliveries - Home	1,113
Total Live and Still Births	2,490
Percentage Home Confinements	44%
<u>EARLY HOSPITAL DISCHARGES</u>	
Within 48 hours	245
After 48 hours	1,132
Percentage Early Discharges	21%

HEALTH VISITING - SECTION 24

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The attachment is intended to increase the efficiency of both local health authority and family doctor services. The scheme is on the whole working satisfactorily and I append typical comments from health visitors.

"I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little difference in my day to day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years."

"We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practice to the immediate area."

"In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds."

"Doctors are more approachable and are getting to know us better. We do not however know the people the same; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population."

"Local authorities and general practitioners services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitor and from the health visitors point of view work is more interesting. The doctors with whom I work find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective."

"More understanding between doctor and health visitor and so better help is given to people. More spread out area and ineffective visits are very time consuming."

Health Visiting (Continued):

The attitude appears to be generally favourable. The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and less visits could be carried out.

HEALTH VISITING

Child Welfare	-	Visits	38,621
Aged	-	Visits	2,532
Others	-	Visits	7,461
School Inspections	-	Sessions	1,645
Maternity and Child Welfare	-	Sessions	2,297
Others	-	Sessions	6,493

HOME NURSING - SECTION 25

The staff of the home nursing service in the division at 31st December, 1966 consisting of 39 full-time nurses and 33 part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. One patient was helped by the latter in 1966 and all of the others were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two state enrolled nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. 17 patients were attended in 1966 and a total of 71 visits were paid.

The following are statistics relating to the work of the home nurses in 1966. It will be seen that they made 54,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions. 72% of all visits were, therefore, made to this age group. The over-whelming proportion of the work of the district nurse is now concerned with the over 65s and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

Classification	No. of cases attended	No. of visits made
Medical	1,437	38,266
Surgical	464	6,933
Tuberculosis	2	48
Other	46	61
TOTALS	1,949	45,308
Patients included above who were aged 65 or over	933	32,580
Children included above who were under 5 or less	50	403
G.P. Surgery	Sessions	843
G.P. Surgery	Treatments	1,749

VACCINATION AND IMMUNISATION - SECTION 26

SMALLPOX VACCINATION

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	28	-	3	-	5	1	-	2	-	3	-	5	4	-	7	1	2	1	2	6	17	49	43	
Hitchin U.D.C.	41	-	142	-	42	-	14	-	8	2	3	5	-	-	4	2	4	1	3	1	4	2	15	256	37	
Letchworth U.D.C.	6	-	384	-	40	2	22	2	10	2	10	-	1	1	2	3	7	2	3	-	2	4	16	482	37	
Royston U.D.C.	4	-	63	-	17	-	9	-	-	3	1	-	-	-	-	-	-	-	1	-	-	-	2	94	6	
Stevenage U.D.C	17	-	541	-	160	-	80	3	26	11	11	14	9	16	7	19	4	20	10	21	3	16	26	94	894	214
Hitchin R.D.C.	10	-	68	-	24	-	7	-	2	-	-	-	-	-	-	-	-	-	-	1	-	4	-	116	-	
TOTAL:	78	-	1226	-	286	2	137	6	46	20	25	22	10	22	12	29	9	38	14	30	6	24	42	144	1891	337

DIPHTHERIA, WHOOPING COUGH, TETANUS IMMUNISATION:

TRIPLE

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	42	-	62	27	1	39	-	5	1	2	-	1	2	9	-	-	-	-	-	-	-	-	-	-	108	83
Hitchin U.D.C.	207	-	197	107	8	85	6	11	4	10	7	70	3	18	-	7	4	-	4	1	2	1	-	434	318	
Letchworth U.D.C.	164	-	200	96	13	142	12	16	2	5	1	28	2	1	1	3	1	1	-	-	-	1	-	397	292	
Royston U.D.C.	81	-	73	27	3	54	3	5	4	3	1	21	-	4	-	1	-	-	-	-	-	-	-	165	115	
Stevenage U.D.C.	547	-	622	271	32	397	16	24	11	25	8	254	3	45	3	17	9	-	6	1	4	2	2	1247	1054	
Hitchin R.D.C.	59	-	83	36	14	43	1	9	1	9	-	30	1	8	-	3	4	-	1	-	-	-	-	159	143	
TOTAL:	1100	-	1237	564	71	760	38	70	23	54	17	404	11	85	4	31	1	18	2	11	2	6	4	2	2510	2005

Note: No cases of diptheria have been reported for some time. It is of the utmost importance that immunity to these diseases should be maintained at a high level.

DIPHTHERIA AND TETANUS IMMUNISATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	2	5	1	9	3	1	1	8	3	72	-	22	5	7	-	2	2	2	4	-	3	17	135	
Hitchin U.D.C.	11	-	9	14	2	22	2	2	1	5	2	120	8	32	6	7	4	7	1	9	1	-	3	50	221	
Letchworth U.D.C.	-	-	2	16	2	6	2	4	3	7	-	238	1	69	1	16	1	9	2	11	1	2	5	20	383	
Royston U.D.C.	-	-	7	17	1	6	3	-	1	6	2	63	-	5	2	2	1	1	1	1	2	-	1	21	102	
Stevenage U.D.C.	13	-	26	18	2	29	8	11	7	25	7	405	3	106	3	28	1	18	1	8	2	4	3	2	76	654
Hitchin R.D.C.	-	-	7	-	1	6	2	-	2	6	-	63	3	17	-	4	1	2	1	1	1	1	1	1	18	101
TOTAL:	24	-	53	70	9	78	20	18	15	57	14	961	15	251	17	64	7	39	8	32	7	11	13	15	202	1596

TETANUS IMMUNISATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	-	1	-	1	-	-	2	-	7	6
Hitchin U.D.C.	-	-	-	-	-	-	-	-	-	1	-	2	3	-	3	2	3	1	3	1	1	-	-	1	13	8
Letchworth U.D.C.	-	-	-	-	1	1	1	-	1	1	1	3	2	3	4	12	3	3	1	6	4	4	18	11	36	44
Royston U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	14	6	15	16
Stevenage U.D.C.	-	-	-	-	-	-	-	1	-	-	-	1	2	4	6	6	2	2	3	-	-	-	4	3	21	15
Hitchin R.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	1	-	-	1	-	3	-	4	5
TOTAL:	-	-	-	-	1	1	1	1	1	2	2	6	7	9	17	24	13	8	7	8	6	4	41	21	96	84

POLIOMYELITIS VACCINATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	37	-	75	3	6	-	7	-	3	-	2	69	-	25	1	4	1	5	-	13	-	2	-	5	132	126
Hitchin U.D.C.	127	-	332	24	51	8	22	4	12	14	21	172	12	39	4	20	5	22	4	15	3	4	3	8	596	330
Letchworth U.D.C.	163	-	245	7	41	4	13	9	10	23	7	211	6	78	2	16	2	29	1	22	-	7	15	95	505	501
Royston U.D.C.	27	-	89	2	12	8	2	-	5	4	3	74	1	12	-	5	1	2	-	2	-	-	-	2	140	111
Stevenage U.D.C.	358	-	904	39	139	15	61	7	56	42	30	571	30	159	12	40	9	80	2	45	4	14	5	31	1610	1043
Hitchin R.D.C.	64	-	148	2	22	4	11	-	7	4	9	84	14	33	1	10	6	14	1	5	1	1	3	6	287	163
TOTAL:	776	-	1793	77	271	39	116	20	93	87	72	1181	63	346	20	95	24	152	8	102	8	28	26	147	3270	2274
<u>SALK</u>																										
Hitchin U.D.C.																										
TOTAL:	-	-	15	-	9	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	25	-
<u>QUAD</u>																										
Letchworth U.D.C.																										
TOTAL:	-	-	7	1	2	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	10	5

POLIOMYELITIS VACCINATION:

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. The old Salk vaccine given by injection should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is satisfactory and approaches the national average of 65%.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1965 only three deaths occurred from this cause and none had been vaccinated. This represented the lowest mortality yet recorded.

AMBULANCE SERVICE - SECTION 27

No. of patients conveyed	..	..	..	..	62,746
No. of journeys	..	..	..	..	18,066
Total mileage	..	..	..	..	442,946
<u>DETAILS OF JOURNEYS:</u>					
Accidents	..	..	..	..	1,596
Sudden Illness	..	..	..	..	487
Removals	..	..	..	..	59,997
Maternity	..	..	..	..	666
TOTAL	..	..	..	..	62,746

The divisional area is served by the County Ambulance Station at St. George's Way, Stevenage. The Area Supervisor is Mr. Sweetman who has kindly supplied the above statistics.

PREVENTION OF ILLNESS

CARE AND AFTER CARE

SECTION 28

Nursing Equipment in the Home:

Issue of various forms of nursing equipment were made in 1966. These items included back rests, bedpans, urinals, and bed blocks.

A small stock of smaller items of equipment is stored at the Divisional Health Centre and the larger items are stored at County Hall.

Every use is made of disposable items of equipment, such as incontinence sheets and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation.

CHEST CLINIC

<u>HEALTH VISITING</u>	
Tuberculosis Households - Visits	584
B.C.G. Follow Up - Visits	95
Contacts - Visits	273
Non-Tuberculosis - Visits	246

Tuberculosis After-care:

The divisional area is served by the chest physician, Dr.N.MacDonald. Excellent co-operation is maintained.

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health visitor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

Details of the routine skin testing and B.C.G. vaccination programme are given in the School Health Service report.

All school children aged 12 - 13 years are now offered this protection in the division. All negative reactors receive a protective vaccine against tuberculosis and those children who show a marked reaction to the skin are referred for investigation to the Chest Clinic.

I am indebted to Dr.MacDonald the Chest Physician for his help in this service during the year.

CYTOLOGY CLINIC

"WELL WOMAN" CLINIC - FROM AUGUST TO DECEMBER 1966

HITCHIN - 2nd and 4th Wednesdays A.M.

LETCHWORTH - 1st and 3rd Tuesdays A.M.

STEVENAGE - Thursday A.M. & Friday P.M.

NUMBER OF WOMEN ATTENDED:	HITCHIN	91
	LETCHWORTH	106
	STEVENAGE	248
		—
TOTAL:		445
		—
RESULTS OF TESTS:	(a) Negative	433
	(b) For retest	12
	(c) Subsequent attendances	12
RESULTS OF RE-TESTS	Negative	12

CHIROPODY

SUMMARY OF TREATMENTS:

District	No. of Patients Treated			Approximate Treatments per Year
	Domiciliary	Non Domiciliary	TOTAL	
Baldock	33	72	105	735
Hitchin	148	164	312	2,184
Letchworth	67	219	286	2,002
Royston	47	62	109	763
Stevenage	139	204	343	2,401
Hitchin Rural	136	148	284	1,988
TOTALS:	570	869	1,439	10,073

39% of patients were treated at home.

NATIONAL ASSISTANCE ACT 1948 -

SECTION 47

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a County Home or hospital provided that all Sections of the Act are satisfied.

It was not necessary to take any action under this Section in 1966.

MEALS ON WHEELS:

Meals on Wheels Services were in operation in all parts of the division in 1966. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock	11 - 18	Twice weekly.	1,433
Hitchin	50	Three times weekly	150 per week
Letchworth	50	Twice weekly	2,673
Royston	29	Twice Weekly	1,491
Stevenage	55 - 62	Three times weekly	5,951
Hitchin Rural	59	Each day	3,719
TOTALS:	268		15,417

HEALTH EDUCATION:

Health Education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as; obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows, "unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed". It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:-

(1) Individual teaching by physicians etc.

The patient is most receptive at the time of illness. By general practitioners and local health authority staffs.

(2) Group teaching.

For example in maternity and child welfare, village groups, civic organisations and hospitals.

(3) Health information services.

This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets, etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education problems is:

"If I hear it I forget, if I see it I remember, if I do it, I know".

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the Secondary Modern, Comprehensive and Grammar Schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work of all Infant Welfare Clinics.

HEALTH EDUCATION (Contd):

A total of 37 teaching classes were held in the division in 1966. Talks on the following subjects were given in various schools, both junior and senior; personal hygiene, mothercraft, home safety, first aid and minor ailments, Film strips, Film slides, flannel graphs, posters and leaflets were used. In one area of the division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading "rules of health", care of eyes, teeth, skin and hair; need for fresh air and exercise; the value of adequate rest and a good diet. Personal hygiene was stressed, and talks on menstrual hygiene were given to the mothers and girls. The age groups involved were the two top classes of eleven year old boys and girls.

No specific health education campaigns were undertaken during 1966.

DOMESTIC HELP SERVICE - SECTION 29

Number of Home Helps employed at 31.12.66 part-time 54
 Number of Good Neighbours employed at 31.12.66 part-time 14

GROUPS RECEIVING ASSISTANCE:	No. of Cases	No. of hours given
(1) Maternity (including expectant mothers)	109	2,656
(2) Chronic Sick		
(a) aged 65 plus	363	35,716
(b) aged under 65 and T.B.	49	
(3) Others	39	
Including		
(a) Mental Health		50
(b) Tuberculosis		43
(c) Blind		3,891
(d) Miscellaneous		92
Acute Cases		614
Accidents		259
	<hr/>	<hr/>
TOTALS	560	43,321
	<hr/>	<hr/>

65% of cases helped during 1966 were over 65 and 82% of total hours given was to this group. In contrast 20% of cases were maternity absorbing only 6% of total hours.

These figures represent a nationally well marked and unavoidable trend.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during 1939-1945 war to include the old and chronic sick. Its purpose however was still mainly directed to the care of the mother and child. Over the country as a whole today 92% of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17% in the number of births each year.

The total cost of the domestic help service has increased by 305% since 1949 and is surpassed only by the increase in the cost of mental health (423%). This is due to the very great increase in the

/total

DOMESTIC HELP SERVICE (Continued)

total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey, for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (54). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

SCHOOL HEALTH SERVICE

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosures of the Army Recruiting Office during the Second Boer War had revealed that 48% to 60% of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that "feeble minded children" who were capable of receiving education, should be taught separately from the more normal pupils and by 1899 the Elementary Education (defective and epileptic children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is overeating by those children with a familial or hereditary tendency to store fat. In many areas it is quite clear that many children are eating two large cooked meals a day and this practice is harmful to those children with a tendency to put on weight.

The number of speech defects treated during the year continued to increase. Most were slight or moderately severe but a minority had severe speech defects. The general shortage of speech therapists over the whole country was reflected in this division when for some little time a vacancy was not filled.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bifida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The number of pregnancies among school girls in the division although small, should be recorded. It should be remembered that

/whatever the

SCHOOL HEALTH SERVICE (Continued):

whatever the social implications of such occurrences; from a medical point of view, pregnancy in girls of fifteen or less is attended by some risk. During the years 1961 to 1963, four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

SCHOOL HEALTH SERVICE

TABLE I	
<u>Inspection of School Children 1966:</u>	
Entrants including 8 year olds	5,418
First Year Secondary	2,085
Last Year Secondary	1,678
TOTAL	9,181
No. of Special Inspections	114
No. of Re-inspections	5,297
TOTAL	5,411
TOTAL INSPECTION	14,592
<u>Physical Condition of Pupils Inspected:</u>	
Satisfactory	9,138
Found to require treatment	43
Percentage	.5%

The percentage of children, 0.5%, found to require treatment is most satisfactory. It is, however, slightly above the national average. The difference, however, is not significant. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole.

TABLE II

Cleanliness and Head Infestation:

Total No. examinations made for this purpose	50,545
Total No. found infested	80
Total percentage found infested	.16%

TABLE III

Care of Handicapped Children:

Whitney Wood School - E.S.N.	162
Residential School - E.S.N.	40
Residential School - Deaf or Partially Deaf	13
Residential School - Deaf E.S.N.	-
Residential School - Blind	6
Residential School - Partially sighted	8
Residential School - Delicate	5
Residential School - Cerebral Palsy	-
Residential School - Physically Handicapped excluding Cerebral Palsy	15
Residential School - Epileptic	2
Residential School - Maladjusted	12
Mossbury Infants Special Classes for partially deaf	2
Mossbury J.M. Special Class for partially deaf	5
TOTAL	270

Note: Table II The percentage of children found infested was very low indeed; only 80 children out of 50,000 examined for this purpose were found to be infested with pediculosis capitis is extraordinary. It is apparent that different methods of recording infestation are being carried out; the standard that one nit constitutes an infestation is clearly not accepted by all health visitors.

TABLE IV

B.C.G. vaccination 13 years and older school children:

No. of children offered testing and vaccination if necessary	2,133
No. of acceptances	1,640
Percentage of acceptance	76.9%
Pre-vaccination Tuberculin Test	
No. Tested	1,562
Result of Test	
No. Positive	119
No. Negative	1,443
No. Not ascertained	88
Percentage Positive	7.3%
No. vaccinated	1,391

Note:

The percentage of children Heaf negative is higher than the national average. The percentage of acceptance is also satisfactory; no adverse reactions to B.C.G. Vaccination were reported during the year.

AUDIOMETRY

TABLE V

Number tested	618
Number with no loss	256

The Consultant Paediatrician for the area, Dr.C.G.Fagg, is always available for consultation and I am indebted to him for his help during the year.

Drs. Roper and Gabriel have played a large part in the School Heath Service and I am grateful to them also.

HOSPITAL SERVICES

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee.

GENERAL HOSPITAL SERVICES:

North Herts. Hospital
Lister Hospital

Addenbrookes Hospital,
Cambridge

MATERNITY HOSPITAL SERVICES:

North Herts. Maternity Hospital

Maternity Hospital, Cambridge.

CHEST CLINIC:

Lister Hospital.

Papworth Hospital,
Papworth Everard, Cambs.

LABORATORY SERVICES:

Public Health Laboratory,
Luton & Dunstable Hospital,
Lewsey Road,
Luton.

Public Health Laboratory,
Tennis Court Road,
Cambridge.

CHILD GUIDANCE CLINIC

New cases referred	118
Psychiatric Interviews	419
School Psychological	94
Psychiatric Social Workers (Home visits and Clinic interviews)	830

The following sections have been compiled by the Public Health Inspector

SECTION "C"

ENVIRONMENTAL HYGIENE

Water Supply

The whole of the Urban District is supplied with piped water by the Lee Valley Water Company, with the exception of a small number of properties on the Burloes Estate, this Estate having its own private supply of very high quality.

224 bacteriological and 7 chemical samples have been reported upon by the Water Company's Chemist as being of excellent quality and high bacteriological purity. The following is a typical report on the water supply to the District.

REPORT ON WATER SAMPLES

Samples from Royston Urban District Council Offices			
Taken by		Date January 10th, 1967	Time 10.30
<u>Chemical Results Expressed in Milligrammes per Litre</u>			
Appearance - clear and bright		Ammoniacal Nitrogen	0.00
Colour (Burgess)	0	Albuminoid Nitrogen	0.00
Odour/Taste	Nil	Nitrate Nitrogen	4.00
Turbidity	0	Nitrite Nitrogen	0.00
Conductivity	450	Oxygen Absorbed	0.00
Total Solids	310	Fluoride - Less than	0.2
pH	7.2	Silica	19
Free CO ₂	34	Iron - Less than	0.02
Alkalinity (CaCO ₃)	215	Other Metals - Copper/Lead/ Zinc	Absent
Carbonate Hardness	215	Phosphate - Less than	0.02
Non-Carbonate Hardness	25	Residual Chlorine - Less than	0.2
Total Hardness	250	Temperature °C	11.5

REPORT ON WATER SAMPLES (Continued)

CATION	Milli-grammes per Litre	Milli-equivalents per Litre	ANION	Milli-grammes per Litre	Milli-equivalents per Litre
Calcium	95.0	4.76	Carbonate	128	4.28
Magnesium	2.9	0.24	Sulphate	16	0.32
Sodium	7.0	0.30	Chloride	15	0.43
Potassium	1.6	0.04	Nitrate	17	0.28
Total	106.5	5.34	Total	176	5.31

<u>BACTERIOLOGICAL EXAMINATION</u>				
No. of Colonies	1 day at 37°C	2 days at 37°C	3 days at 20°C	
Developing on Agar	0 per ml	1 per ml	1 per ml	
	<u>Present in</u>	<u>Absent from</u>	<u>Probable No.</u>	
Presumptive Coli-Aerogenes	- ml	100 ml	0 per 100 ml	
E. Coli	- ml	100 ml	0 per 100 ml	
CI. Welchii	- ml	- ml		

From this it will be seen that the water is relatively hard and no problems of plumbo solvency is likely to occur. The fluoride level is shown as less than 0.2 milligrammes per litre as a natural constituent of the water.

SWIMMING POOL

The privately owned swimming pool maintained its popularity during the summer months. The pool is provided with a continuous filtration and chlorination plant and the water has been maintained at a high standard of purity. 10 samples of water were submitted to the Cambridge Public Health Laboratory and were reported upon as being satisfactory. Tests were also carried out to determine the pH value and chlorine content of the water. These tests again proved satisfactory but with an occasional tendency to over chlorination when the bathing load was heavy.

Byelaws for the control of swimming baths were not in force for the District during 1966.

SCHOOL SWIMMING POOL

Meridian Comprehensive School is provided with an open air swimming pool, sampling from which is undertaken by the County Public Health Inspector.

HOUSING

No new properties were erected by the Council during the year, but 54 houses were erected by private enterprise.

No requisitioned property is held by the Council.

Inspections under the Housing Acts during the year numbered 157, being mainly concerned with improvement grants and the survey of an area of older property for possible Improvement Area Procedure.

One closing order was made on an underground room during the year, and the family re-housed.

IMPROVEMENT GRANTS

The number of standard grants for the provision of a bath in a bathroom, wash-hand basin, hot and cold water supply to the bath, hand-basin and sink, inside W.C. and a ventilated larder, again shows an increase over previous years.

There still remains however, a large number of properties both tenanted and owner occupied without the standard amenities and it is to those that attention must be directed in the coming year to try to achieve further improvement.

The number of discretionary improvement grants has remained the same as last year, although the amounts given in grant has increased.

STANDARD GRANTS

	1959-61	1962	1963	1964	1965	1966
Number of applications received	28	8	8	9	10	14
Number of applications approved	26	8	7	8	10	14
Total paid by way of grant	£1,513.19.6.	£473.2.4.	£660.5.4.	£304.3.4.	£1,055.17.8	£1,375.4.4.

DISCRETIONARY GRANTS

	1959-61	1962	1963	1964	1965	1966
Number of applications received	17	1	3	3	2	2
Number of applications approved	14	1	3	3	2	2
Total paid by way of grant	£3,107.13.8.	£425	£130	£1,025	£225	£403.5.0.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There are two single licensed caravan sites within the district and there has been no trouble experienced during the year.

FACTORIES

There have been no significant changes in the industrial side of the district; numbers and types of factories have remained static as follows:-

Food manufacture and packing	2
Agricultural Engineering	2
Flour and seed mills	2
Lamp shade manufacture	2
Light Engineering	6
Motor vehicle repairs	6
Printing	2
Builders and masons	5
Precious metal refiners	1
Fertilizer manufacturer	1
Concrete products	1
Miscellaneous, including non-power factories and building sites	13
	<hr/> 43 <hr/>

Complaints were received regarding effluent from the chimneys of two factories, both of which are under the control of the Alkali etc. Works Inspectorate, with whom close liason has been maintained.

There are 7 outworkers in the district concerned with the making of wearing apparel.

The statistical information required by the Ministry of Labour with regard to numbers of factories divided between Power and Non-Power Factories and others is given in Appendix II to the Report. This Appendix also shows the inspections made and defects found and remedied under the various sections of the Act.

OFFICES SHOPS AND RAILWAY PREMISES ACT, 1963

Steady progress has been maintained during the year on general inspections of premises coming within the scope of the Act, as is shown by the table in Appendix I. There have been a number of new shops opened in the Angel Pavement area of the town.

Contraventions of the Act found during the year have mostly been of a minor nature concerned with the absence of First Aid Boxes, of Thermometers and Abstracts of the Act.

RODENT CONTROL

An intensive treatment of the local authority refuse tip and sewage works area was carried out twice during the year, using zinc phosphide, an acute poison with warfarin as a "follow up". Cymag has been used on the sewage bed embankments.

There was a considerable kill of rats after the first treatment evidenced by the number of bodies recovered. Repeated treatment showed the success of the first onslaught and with the maintenance of regular baiting points the rat population of the area was reduced to very minor proportions.

The numbers of complaints of rats has remained fairly static throughout the year and totalled 42.

A further 100 sewer manholes were baited using Flurokil III by Rentokil Laboratories Limited and activity was found in only 10 manholes.

Business premises were treated by the local authority on complaint and the cost of the treatment re-charged on a time and materials basis.

The total number of inspections made by Officers of the Public Health Department and the Operator during the year was as follows:-

RATS AND MICE

PROPERTIES OTHER THAN SEWERS

	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
1. Number of properties in district	2,657	19
2. a) Total number of properties (including nearby premises) inspected following notification	122	-
b) Number infested by (i) Rats	59	-
(ii) Mice	3	-
3. a) Total number of properties inspected for rats and/or mice for reasons other than notification	77	5
b) Number infested by (i) Rats	26	2
(ii) Mice	2	-

RENT ACT, 1957

No Certificates of Disrepair were issued.

SANITARY INSPECTIONS OF THE AREA

The following details show the number of inspections made during the year under the various acts, regulations, etc:-

Housing Acts	157
Public Health Acts	108
Factory Acts	25
Food Shops and Stores	379
Rats and Mice Destruction	95
Offices, Shops and Railway Premises Act	54
Miscellaneous Inspections	185
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COMPLAINTS

Complaints to the Public Health Inspector during the year numbered 77 and were made up as follows:-

Rats	41
Mice	1
Housing Conditions	10
Food	4
Insect Pests	12
Miscellaneous	9

INSPECTION AND SUPERVISION OF FOOD

FOOD PREMISES IN THE DISTRICT

The food premises, mobile food vendors and stalls selling foodstuffs are classified according to the type in the following list. The total number given will exceed the actual number of premises as many sell various classes of foodstuffs.

Food Premises

Butchers	6
Grocers	17
Greengrocers	6
Wet Fish Shops	3
Cafe and Restaurants	4
Factory and Shop Canteens	6
Fried Fish Shops	2

Food Premises (Continued)

Sweet Shops	15
Confectioners and Bakers	15
Off Licences	7
Public Houses	9
Egg Packing Station	1

Mobile Shops

Butchers	2
Grocers	3
Greengrocers	2
Fried Fish	2
Bakers	2

The open market operates in Royston on Wednesdays and Saturdays throughout the year. There are 9 food stalls made up as follows:-

Grocers	1
Greengrocers	5
Wet Fish	1
Confectioner	1
Sweets	1

PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1965

One shop in the District is registered for the preservation, pickling or potting of meat or the manufacture of sausages.

There are 20 premises registered for the sale of ice cream, excluding Cafes, and in all cases it is of the pre-packed variety by National Manufacturers.

Five samples of ice cream were submitted to the Public Health Laboratory for bacteriological examination and resulted in two being placed in Provisional Grade 3 and three in Provisional Grade 1.

MILK AND DAIRIES REGULATIONS

The Local Authority is concerned with the handling of milk, its treatment and distribution from premises other than Dairy Farms.

Two milk distributors operate within the Urban District and there are a number of producers, none of whom retail their own milk in the District.

Sampling of milk for compositional and bacteriological quality is the responsibility of the County Council.

MEAT

There are no slaughterhouses in the District and any local butcher wishing to slaughter animals for sale has the facilities provided by an adjoining Authority.

No slaughterhouse licences were issued during the year to local butchers.

Meat and fish inspections are carried out as and when necessary in local shops.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

A considerable amount of time is spent on the enforcement of the Regulations in all food premises and although a number of infringements are noted, they are mostly due to forgetfulness on the part of the persons concerned rather than a blatant disregard of the Regulations. It is by a continual process of education on every visit to a food premise that hygienic habits will become second nature to all concerned.

No certificates of exemption are in force in the District and all premises required to comply with Regulation 16 (Wash-hand Basins) and 19 (Sinks) do so.

FOOD COMPLAINTS

As will have been seen, there were 4 complaints during the year from members of the public regarding food. Of these one concerned the sale of two mouldy pork pies from a shop in Royston.

The Public Health Committee authorised proceedings to be taken against the manufacturers of these pies and the case was heard in the local Magistrates Court, and resulted in a fine of £15 being made.

The remaining three complaints were concerned with food from outside the district and these were passed to the Authorities concerned.

UNFIT FOOD

During the year the following articles of food were inspected and voluntarily surrendered as being unfit:-

Fresh Meat	84 lbs.
Frozen Foods	112 lbs.
Tinned - Meat	312 lbs.
Vegetables	3 lbs.
Fruit	89 lbs.
Miscellaneous	17 lbs.

APPENDIX 1

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
I. Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	5	-	-
II. Factories not included in (I) in which Sec. 7 is enforced by Local Authority	36	18	-	-
III. Other premises in which Sec. 7 is enforced by Local Authority (excluding outworkers)	2	2	-	-
TOTAL	43	25	-	-

APPENDIX I (Continued)

Cases in which defects were found

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		Number of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temp.(S.3)	-	-	-	-	-
Inadequate Vent. (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act	-	-	-	-	-
TOTAL	-	-	-	-	-

Outworkers

There are seven outworkers reported in the District employed on the making of "wearing apparel".

APPENDIX II

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

TABLE A REGISTRATIONS AND GENERAL INSPECTIONS					
	REGISTRATION	GENERAL INSPECTION	REMARKS	DATE	SIGNATURE
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(1) Class of Premises	(2) Number of premises registered during the year	(3) Total number of registered premises at end of year	(4) Number of registered premises receiving a general inspection during the year
Offices	4	35	9
Retail Shops	10	70	24
Wholesale shops, warehouses	-	1	-
Catering establishments open to the public, canteens	-	7	4
Fuel storage depots	-	1	-

TABLE B

NUMBER OF VISITS OF ALL KINDS BY INSPECTORS)
TO REGISTERED PREMISES) 52

APPENDIX II (Continued)

TABLE C

ANALYSIS OF PERSONS EMPLOYED IN
REGISTERED PREMISES BY WORKPLACE

(1) Class of workplace	(2) Number of persons employed
Offices	174
Retail shops	364
Wholesale departments, warehouses	2
Catering establishments open to the public	51
Canteens	2
Fuel storage depots	3
Total	596
Total Males	202
Total Females	394

TABLE D

INSPECTORS

Number of inspectors appointed under) Section 52(1) or (5) of the Act)	1
Number of other staff employed for) most of their time on work in) connection with the Act)	Nil

SECTION "F"

ROYSTON URBAN DISTRICT COUNCIL - YEAR ENDED 31ST DECEMBER, 1966

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases (Corrected) Age Distribution

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 -	2 -	3 -	4 -	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65 and over	Age Unknown
Whooping Cough	2	-	-	-	-	1	-	1	-	-	-	-	-	-
Measles	8	-	1	-	3	1	1	2	-	-	-	-	-	-
Dysentery	1	-	-	-	-	-	1	-	-	-	-	-	-	-
Scarlet Fever	4	-	-	-	-	1	-	1	-	-	2	-	-	-
TOTALS	15	-	1	-	3	3	2	4	-	-	2	-	-	-

TUBERCULOSIS

No. on Register at 31st December, 1966:

	Males	Females	Total
Pulmonary	22	15	37
Non-Pulmonary	6	3	9
	28	18	46

No. Removed from Register during 1966:

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Deaths	-	-	-	-	-
Other (cured, re-diagnosed, transfers of area, etc).	-	-	-	-	-
	-	-	-	-	-

Additions to Register during 1966:

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
New Notifications	-	-	-	-	-
Other (cases restored to Register, transfers, etc).	-	1	-	-	1
	-	1	-	-	1

New Notifications:

Age Groups†	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
5 - 9	-	-	-	-	-
15 - 19	-	-	-	-	-
35 - 44	-	-	-	-	-
55 - 64	-	-	-	-	-
65 - 74	-	-	-	-	-
	-	-	-	-	-

